MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:
 - ☐ Blood Test

 - ☐ Urinalysis ☐ Chest X-Ray
 - ☐ Drug Test
 - ☐ Psychological Test
 - ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, F	irst Name, Name Extension (if	AGENCY / ADDRESS	
	J. JETHE &	Dopt of Civil Engineering	
ADDRESS			/
673 CAUNCIATIVAN, SAN PEDIDO, AUGUSTRA			Uru Baybay, City.
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
22	MAUT	SWEVE	Instructor 1

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Lay V. Yu, M.D. Chief of Hospital AGENCY/Affiliation of Licensed Government Physician:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
	166 cm	5618	ot	
OFFICIAL DESIGNATION	DATE EXAMINED			
		8 27/1	4	